

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

4221-26-11-11

## CLAIMS AS FILED - PART I

|                                  | (Column 1)    | (Column 2)   |                          |
|----------------------------------|---------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 29            |              |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA |                          |
| TOTAL CHARGEABLE CLAIMS          | 29 minus 20 = | 9            |                          |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0            |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               |              | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    | 162    |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     |        |
|           |        |    | 872       |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  |    | (Column 2)                         |    | (Column 3)    |
|-------------|---|----|------------------------------------|----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|             | Total   | 24 | Minus                              | 29 | = 5           |
|             | Independent   | 3  | Minus                              | 3  | = 0           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |
|                  |                |    |                  |                |

|             | (Column 1)  |  | (Column 2)                         |  | (Column 3)    |
|-------------|---|--|------------------------------------|--|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|             | Total   |  | Minus                              |  | =             |
|             | Independent   |  | Minus                              |  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |  |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |
|                  |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |
|                  |                |

|             | (Column 1)  |  | (Column 2)                         |  | (Column 3)    |
|-------------|---|--|------------------------------------|--|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|             | Total   |  | Minus                              |  | =             |
|             | Independent   |  | Minus                              |  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |  |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |
|                  |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |
|                  |                |

- \*\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.